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FAX NUMBER: 1-571-273-8300	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: 1023-318US01
RE: Supplemental Information Disclosure Statement	APPLICATION SERIAL NUMBER: 10/731,869

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Carl D. Wahistrand;

Ruchika Singhal: Robert

Confirmation No.

6690

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Serial No.:

M. Skime 10/731.869

Docket No.:

1023-318US01

Filed:

December 9, 2003

Customer No.:

28863

Examiner:

Alyssa M. Alter

Group Art Unit:

3762

Title:

MODULAR IMPLANTABLE MEDICAL DEVICE

CERTIFICATE UNDER 37 CFR 1.8 I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office on October 18, 2006.

Name: Patricia Cygan

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendments Commissioner for Patents Alexandria, VA 22313-1450

Dear Sir:

Applicant submits the references listed on the attached form PTO-1449. This Information Disclosure Statement is being filed after a first Office Action on the merits but before a Notice of Allowance or a Final Rejection.

Copies of the U.S. patents are not enclosed as this requirement has been waived by the U.S. Patent Office.

Please charge Deposit Account No. 50-1778 in the amount of \$180.00 to cover the required fee set forth in §1.17(p). Please apply any other charges or credits to Deposit Account No. 50-1778.

Respectfully submitted,

Date: October 18, 2006

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Reg. No. 54,213

10/19/2006 MBINAS

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Page 1 of 1

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INFORMATION DISCLOSURE STATEMENT		1.		10/731,869		
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1			and; Ruchika Singhal	Robert M. Ski	me	
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]	•	Examiner Name:				
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		U.S. PATER	NT DOCUMENTS			
Examiner Initial	Document Number	Issue/Document Publication Date	Name		Filing Date If Appropriate	
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